ELSMERE BUREAU OF POLICE

DATE ISSUED: _____
DATE RETURNED: _____

PERSONAL HISTORY STATEMENT

INSTRUCTIONS

Fill out this questionnaire completely and accurately. All statements in your application are subject to verification. Incorrect statements may bar or remove you from employment. Questionnaire must be printed or handwritten legibly in ink.

PERSONAL

1. _____
Name (first, middle, last)   (PRINT)

_____
Give any other names you have used or been known by, and explain.

2. _____
Street address   (PRINT)

_____
City   State   Zip Code

3. (_____) _____   (_____) _____   (_____) _____
Home telephone number   Work telephone number   Pager/Cell number

4. _____   _____
Date of birth   Social security number

5. _____
Place of birth (City, County/State/Country)

6. Are you a citizen of the United States of America?
_____   _____   _____
Yes/No   Natural born   Naturalized/place of naturalization

7. What are your hobbies, special skills and abilities? Indicate foreign languages spoken and level of fluency.
_____
_____
_____

REFERENCES

8. Fill in below the names of three persons not related to you, and not former employers who have known you for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other other qualities. You must include **complete** address.

A. _____   _____
Full Name   Years Known

_____   _____
Home Address   Home Phone Number

_____   _____
Business Title and Business Address   Business Phone Number

B. _____   _____
   Full Name   Years Known

   _____   _____
   Home Address   Home Phone Number

   _____   _____
   Business Title and Business Address   Business Phone Number

C. _____   _____
   Full Name   Years Known

   _____   _____
   Home Address   Home Phone Number

   _____   _____
   Business Title and Business Address   Business Phone Number

W O R K   H I S T O R Y

9. List all jobs you have held in the last five years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs. You must include **complete** addresses.

A. _____   _____   _____
   Business name   Address   Phone number

   _____   _____   _____
   Name of supervisor   Title of supervisor   Monthly salary

   _____   _____
   Position held   Describe your job duties

   _____ - _____   _____
   (Month / year)   (Month / year)   Number supervised

   _____
   Reason for leaving

B. _____   _____   _____
   Business name   Address   Phone number

   _____   _____   _____
   Name of supervisor   Title of supervisor   Monthly salary

   _____   _____
   Position held   Describe your job duties

   _____ - _____   _____
   (Month / year)   (Month / year)   Number supervised

   _____
   Reason for leaving

C. _____   _____   _____
   Business name   Address   Phone number

   _____   _____   _____
   Name of supervisor   Title of supervisor   Monthly salary

   _____   _____
   Position held   Describe your job duties

   _____ - _____   _____
   (Month / year)   (Month / year)   Number supervised

   _____

Reason for leaving

D.
_____   _____ _____
Business name   Address   Phone number

_____   _____ _____
Name of supervisor   Title of supervisor   Monthly salary

_____   _____
Position held   Describe your job duties

_____ - _____ _____
(Month / year)   (Month / year)   Number supervised

_____
Reason for leaving

E.
_____   _____ _____
Business name   Address   Phone number

_____   _____ _____
Name of supervisor   Title of supervisor   Monthly salary

_____   _____
Position held   Describe your job duties

_____ - _____ _____
(Month / year)   (Month / year)   Number supervised

_____
Reason for leaving

E D U C A T I O N

10. Indicate below the schools you have attended and courses completed.

A.
_____   _____ _____
High School name   Address   Phone number

_____ - _____   _____
(Month / Year)   (Month / Year)   Graduation date

List higher education:

B.
_____   _____ _____
College / University name   Address   Phone number

_____ - _____   _____
Years attended   Major(s)

_____   _____
Graduation date   Degree(s) earned

C.
_____   _____ _____
College / University name   Address   Phone number

_____ - _____   _____
Years attended   Major(s)

_____   _____
Graduation date   Degree(s) earned

11. List any other educational certifications or earned degrees:
_____
_____
_____
_____
_____

CRIMINAL / TRAFFIC RECORDS

Answer all of the following questions completely and accurately. Any falsification or misstatements of fact may be sufficient to disqualify you. (Exclude traffic citations)

12. Have you ever been arrested or detained by a law enforcement agency? Yes   No   If yes, complete below:

A. _____   _____
      Offense Charged   Arresting agency

      _____   _____
      Disposition of case   Date

B. _____   _____
      Offense Charged   Arresting agency

      _____   _____
      Disposition of case   Date

13. Have you ever been placed on probation?   Yes   No   If yes, explain:

_____
_____
_____

14. List your current driver's license information:

_____   _____   _____
Operator's License Number   Licensing State   Year issued

14. Has your license ever been suspended or revoked?   Yes   No   If yes, state which license and explain details:

_____
_____

15. Was your license(s) and/or driving privileges re-instated?   Yes   No

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ELSMERE BUREAU OF POLICE

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Elsmere Bureau of Police, I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested.

_____   _____
Applicants name (Printed)   Date of Birth

_____   _____
Applicants signature   Date